

Commonwealth of Virginia  
DEPARTMENT OF CORRECTIONS  
MEDICAL TRANSFER COMMENTS

DOC 712  
Revised 11/93

Name: DeLaney, George

Number: 374390

Date: 5/15/08

Medical Class: A-12 E

Allergies: NKDA

DNA: 8-29-07

TET: 8-22-07

PPD: Hx Past (+) PPD #1981

CXR: 8-22-07

Comments:

Current Medical problems requiring attention:

Ulcerative colitis - I'm currently on low residue diet  
(See mcv note)

Colostomy 1997 - Reversed

Colectomy 2003

Chronic Constipation

Current Medications:

Metamucil 1-pkt in 8oz H<sub>2</sub>O bid #42

Amount Sent: \_\_\_\_\_

Colace 100mg bid #41

Tylenol 500mg tid prn #198

Boost drink 1 can tid

Averna HAE UAD (on person) +1

Averna lotion UAD (on person) +1

Pending Appointments, Prosthesis on order, etc.:

0

Signed: [Signature]

Name/Title

Facility: ACC

Phone Number: (540) 997-7000



VIRGINIA DEPARTMENT OF CORRECTIONS  
Intrasytem Transfer Medical Review, DOC 726-B

Effective Date: June 1, 2007  
Operating Procedure #720.2 Attachment #4

Offender Name <b>374390</b>	Offender Number <b>Delaney, George</b>	Date <b>5-16-08</b>
Received At GRCC-S3	Received From <b>ACC</b>	Allergies <b>Phenergan</b> <b>AKOnew</b> <b>(S)</b>
Medical Code <b>A12</b>	Location Code <b>E</b>	Mental Health Code <b>MHO</b>
Last PPD (Date and Results) <b>Past (1) Tx 1984</b>	Date of last Tetanus Diphtheria <b>8-22-07</b>	DNA Drawn No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Date: <b>8-29-07</b>

<b>Vital Signs</b>	<b>Special Diet</b>
Temperature: <b>98.3</b> Pulse: <b>80</b> Respiration: <b>18</b>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> <b>states he is on</b>
Weight: <b>183lbs</b> Blood pressure: <b>119/72</b>	Type: <b>special diet - MCV</b>
	<b>wrote for low residual diet</b>

Current Medications			
Drug	Amount Sent	Drug	Amount Sent
1. metamucil pkt. BID	42	5.	
2. Colace 100mg BID	41	6.	
3. Tylenol 1000mg TID	198	7.	
4.		8.	

<b>Current Medical/Dental Problems:</b> <b>ulcerative colitis, reversed colostomy</b>	
<b>Mental Health Problems:</b>	<b>Mental Health Screening:</b>
1. Any current M. H. Complaints? <b>NO</b>	1. Present Suicidal Ideations? <b>NO</b>
2. Any history of Substance Abuse? <b>NO</b>	2. Observed Symptoms of Psychosis <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/>
3. Any history of Treatment? <b>NO</b>	Aggression <input type="checkbox"/> <b>none</b>
	3. History of Suicidal Behavior? <b>NO</b>
	4. History of Inpatient/outpatient treatment?
	5. Current Mental Health Treatment? <b>NO</b>
<b>Pending Appointments:</b> <b>Flu &amp; MD</b>	
<b>Overall Comments:</b> (i.e. - general appearances & behavior, physical deformities, abuse, trauma, etc.) <b>at 0x3. appears agitated. No obvious deformities or abnormalities noted.</b>	
<b>Medical Disposition of Offender:</b>	
General Population: <input checked="" type="checkbox"/> Special Housing Unit: <input type="checkbox"/> GP with MH Referral: <input type="checkbox"/>	
Emergency referral for MH Care: _____ Date: _____ Time: _____ (Name of QMHP notified)	
Referral for Emergency Treatment: _____	
<b>Nurse Signature/Date:</b> <b>Stajew</b> <b>5/16/08</b>	<b>Medical Handout Orientation Issued:</b> <b>yes</b>
	<b>MRSA:</b> <b>yes</b>
	<b>Dental Hygiene Handout Issued:</b>

Effective Date: June 1, 2011  
 ling Procedure #720.1 Attachment

Number: 374 390

Revision Date: 2/



VIRGINIA DEPARTMENT  
Complaint and Treati.

CTIONS  
(DOC 711)

Effective Date: June 1, 2007  
ting Procedure #720.1 Attachment #1

Facility: Greenville Correctional Center S-3

Offender Name:

Delaney  
Last

George  
First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
5/19/08 2235	Officer brought offender one to wrap fingers. He had a pass from another MD from another facility and that we should honor it and not charge him for sick call request. I informed offender <del>anything</del> <sup>error</sup> anytime he comes to medical for sick call he is going to be charged for sick call request. Offender did not want to be charged said, "that's alright" and walked out of medical & being seen.	M. Kleguian W
5/24/08 1100	Medi-cler REVIEW - Dx & U.C. & review of Colostomy 2003 on low residual; & R14 report - will issue B&P X 12 mths - not do not see indication for surgical cell at this time.	



VIRGINIA DEPARTMENT OF CORRECTIONS  
Medical Transfer Comments

Effective Date: June 1, 2007  
Operating Procedure #720.2 Attachment #9

### Medical Transfer Comments

Offender Name:	Delaney, George		Number:	374390
Date:	5-21-08			Date of Most Recent
Allergies:	NKDA		DNA:	8-29-07
DOB:	-60		Td:	8-22-07
Medical Code:	A12	PPD:	Past ⊕ Tx 1984	
Location Code:	E	CXR:		
Mental Health Code:	MH-0	Physical:		
Comments:				
Current Medical Problems Requiring Attention: ulcerative colitis reversed colostomy Chronic constipation				
Current Medications		Amount	Current Medications	
1. metamucil			6.	
2. colace			7.	
3. Tylenol			8.	
4.			9.	
5.			10.	
Pending Appointments, Prosthesis on order, etc.:				
Name:	PBrockwell		Signed:	
Title:	LPN		Facility:	GREENSVILLE CORRECTIONAL CENTER S-3
Phone Number & Ext.:		434-535-7000 EXT 6240		





VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: GRCC

Offender Name:

*Delaney, George*  
Last First

Number: *374390*

Date/Time	Complaint and Treatment	Signature and Title
<i>5/30/08</i>	KITCHEN CLEARANCE: <i>approved</i> PPD: <i>8/22/07</i> HEP A: <i>A</i> MEDICAL CODE: <i>A</i> RESPIRATORY: <i>A</i> SKIN INFECTION: <i>A</i>	<i>Hamlin</i>
<i>6/2/08</i> <i>1130</i>	<i>low residue diet - approved 11/21/08</i> <i>per Dr. Stephens for 12/22/07</i> <i>UCW hospitalized.</i> <i>Diet written x 12/22/07:</i> <i>No processed foods, spicy foods, hard</i> <i>vegetables, oranges, apples, corn flakes</i> <i>boiled eggs, cheese, beans, peanut butter</i> <i>or any nuts.</i>	<i>Hamlin</i>
<i>6/3/08</i> <i>250 pm</i>	<i>6/2/08 11:40 am</i> <i>X-ray (L) hand (left 5th</i> <i>digit)</i> <i>No Dr. Garcia / Khamlin</i> <i>Smo Khamlin 6/3/08</i> <i>Offender</i>	<i>Hamlin</i>



## Nursing Evaluation Tool:

## General Sick Call

178lbs

Facility: GREENSVILLE CORRECTIONAL CENTER - S1

Inmate Name: T. DeLaney George

Inmate Number: 374390 Last First MI

Date of Report: 6 14 08 MM DD YYYY

Time Seen: 1050 AM PM Circle One

**Complaint** Chief Complaint(s): wants rest box? Bay + single cell pass

Onset: \_\_\_\_\_

Brief History: Reports broke little finger on (L) hand at Augusta

**Observation:** Vital Signs: (As Indicated) T: 96.8 P: 57 RR: 18 B/P: 104 / 65

Examination Findings:  
(Continue on back if necessary)

finger re wrapped buddy taper and supplies given to cent. wrapping if needed. Informed would be scheduled to see m.d. about single cell pass. Wants ensure. Also informed must address this. went into DOC 170lbs on 8/14/07.

**Intervention: (Referral Status):**

☐ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: \_\_\_\_\_

Today 178lbs right done per this nurse chief try to tell nurse much less when re right myself offender right 178lbs

**Comment:** You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_

Referral: ☐ NO ☐ YES (If Yes, Whom/Where): \_\_\_\_\_

Referral Type: ☐ Routine ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time \_\_\_\_\_

x

B. Shauler  
Nurses Signature

Name: \_\_\_\_\_

[ 00083 ]





VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: Grc-S-1 Medical

Offender Name:

*Delaney* *George*  
Last First

Number:

*324667*  
*374390*

Date/Time

Complaint and Treatment

Signature and Title

*6/16/08*

*offender informed that*  
*x-rays of (L) hand received*  
*from Augusta Ct, reviewed*  
*by Unit MD, and revealed*  
*no fracture or dislocation.*

*K. Hamilton*  
*Officer*

## Nursing Evaluation T

General Sick Call

Facility: GREENSVILLE CORRECTIONAL CENTER - S1			
Inmate Name: <u>De laune George</u>		First MI	
Inmate Number: <u>324667 374390</u>		Last	
Date of Report: <u>7 12 2008</u>		Time Seen: <u>1430</u> AM <u>PM</u> Circle One	
MM	DD	YYYY	

**Complaint** Chief Complaint(s): C/O ② 5<sup>th</sup> digit broken

Onset: \_\_\_\_\_

Brief History: Offender stated "he doesn't need to be seen by the nurse @ this time. He will await his MD appt."

**Observation:** Vital Signs: (As Indicated) T: \_\_\_\_\_ P: \_\_\_\_\_ RR: \_\_\_\_\_ B/P: \_\_\_\_\_

Examination Findings: N/A  
(Continue on back if necessary)

**Intervention: (Referral Status):** \_\_\_\_\_

☒ **Referral NOT REQUIRED**

☐ **Referral REQUIRED** due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: Offender already has an appt

C MD

**Comment:** You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure the appropriate care to be given.

Check All That Apply:

☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List): \_\_\_\_\_

Referral: ☒ NO ☐ YES (If Yes, Whom/Where): \_\_\_\_\_

MD: \_\_\_\_\_

Referral Type: ☐ Routine ☐ Emergent (if emergent who was contacted?): \_\_\_\_\_

Time: \_\_\_\_\_

x C. Malone  
Nurses Signature

Name: C. Malone MD

7/10/08





VIRGINIA DEPARTMENT OF  
Corrections  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: Grcc-S-1 Medical

Offender Name:

Delaney George  
Last First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
7/25/08	MR appt. scheduled for 7/28/08 to discuss deformity (4) 5th digit and request for single cell	Dr. [Signature]
Grcc 7/25/08	PR seen for request of single cell (find [Signature])	
BS 110/71	Dr. [Signature] (1) [Signature]	
P-35		
A-16		
T-98-0		
Wgt 160	PMO - alternative others of [Signature]	
1540	entering a revised [Signature] 1998 and [Signature] by BO	
	treated [Signature]	
	- all [Signature]	
	- complained of frequent Bm/Plasma	
	- claimed he needs [Signature] because he can not eat food here	
	lost about 20 lbs (May 2007)	
	- trying to [Signature] finger [Signature] with deformity of PIP	
	Ident [Signature] 149-160/53	
	not [Signature], well [Signature]	
	not [Signature], [Signature]	
	char - [Signature]	
	CVS - [Signature] [Signature]	
	BSN - [Signature] [Signature] [Signature]	
	Exp - [Signature] [Signature] [Signature] extended PIP ask to [Signature] DIP	
	in [Signature], in [Signature]	

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

**Signature and Title**

- Flr	par	mt	xy	xy
	xy			

repared to kitchen - Kthamkun

~~was a low level~~

2000 lbs Had Cheese & CN accepted  
some 4 Hamster for 8/14/03 B



## Nursing Evaluation Tool:

## General Sick Call

Facility: GREENSVILLE CORRECTIONAL CENTER - S1	
Inmate Name: <u>Delaney George</u>	First MI
Inmate Number: <u>374390</u>	
Date of Report: <u>8 17 2008</u>	Time Seen: <u>4:30</u> AM <input checked="" type="radio"/> PM Circle One

## Complaint Chief Complaint(s):

Abdominal pain

Onset:

evening 8/16/08

Brief History:

offender of sharp abdominal pain, N/V & 3. "Nothin' but white stuff." No meals tolerated today. Pain Rating "10" on (1-10) scale. States previous bowel obstruction Dec 0

## Observation:

Vital Signs: (As Indicated)

T: 98.3 P: 73 RR: 18 B/P: 121, 80Examination Findings:  
(Continue on back if necessary)

Facial grimacing, accompanied w/ heaves. One noted episode of vomit & emesis yellow bile approx 100ml. Frequent outbursts meaning w/ the abdominal pain. Abdomen tense, rigid. No bowel done's noted at this time. ID contacted. (over

## Intervention: (Referral Status):

☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☐ Other: \_\_\_\_\_

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: \_\_\_\_\_

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): \_\_\_\_\_Referral: ☐ NO ☒ YES (If Yes, Whom/Where): \_\_\_\_\_Referral Type: ☐ Routine ☒ Emergent (If emergent who was contacted?): \_\_\_\_\_

R. L. H. R.

Name: \_\_\_\_\_

Time 5:30p

[ 00089 ]



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: Grcc-S-1 Medical

Offender Name:

DELANEY  
Last

GEORGE  
First

Number: 374590

Date/Time	Complaint and Treatment	Signature and Title
8/22/08 1340	FW ulceration colitis w/ 800 - normal & conservative Rx diag 8/18 → 8/19/08 hospitalization, (B) pray Bms - loose stool 15-20 x day diarrhea at night.	MAYO ? 7/20090
103/70 HR 80 T 98 RW 16	? head control to now joint / vegetation epilepsy blood in stool - Hwy parallel to cell walls 2nd floor. Bms; require food monitor - long to get D. closure / body -	
WT 157 lb H 5' 11"	(C) AAM was was 'A-10-3 At night sleep, with 55 at 10:00 & 11:00 T. 55 at 10:00 & 11:00 / sleep. net - sleep has lost. Sins & under type good	
	(A) U.C. sp colon resection (? S. Band stent) (B) - UICD for GI event? (unhappy pathology / colon) Pass for BSP / sigmoid all good order ENLARGE lump Bio X 30 gms - mpr get fatty DRII sched noted shaking shaking 2005	mpc George





VIRGINIA DEPARTMENT OF CORRECTIONS  
Medical Transfer Comments

Effective Date: June 1, 2007  
Operating Procedure #720.2 Attachment #9

### Medical Transfer Comments

(Print on pink paper)

Offender Name:	Delaney, George	Number:	374390
Date:	8-24-08	Date of Most Recent:	
Allergies:	<del>NADA</del> Phenergan ✓	DNA:	8-29-07
DOB:	- - 60	Td:	8-22-07
Medical Code:	A-12	PPD:	hx past 4 PPDs + x 1984
Location Code:	B-1	CXR:	✓ screening 8-24-08
Mental Health Code:	A	Physical:	8-22-07

Comments:

#### Current Medical Problems Requiring Attention:

hx total colectomy - due to ulcerative colitis

Current Medications	Amount	Current Medications	Amount
1. Colace 100mg	stock	6.	
2. Metamucil smooth texture	stock	7.	
3. Tylenol 500mg	stock	8.	
4. Ensure	A	9.	
5.		10.	

#### Pending Appointments, Prosthesis on order, etc.:

needs Fasting DPII - SCH

Name:	B. Hollis	Signed:	B. Hollis
Title:	LPN	Facility:	GRCC-S-1 MEDICAL
Phone Number & Ext.:	(434)535-6440 FAX (434)535-7086		

noted  
C. Smith  
LPN  
8/24/08 @  
1128

(1)  
Received  
Received

Effective Date: June 1, 2007  
 Operating Procedure #720.1 Attachment #1

**Offender Name:**

Delaney Last George First

Number: 394390

Revision 00092: 1/23/07

## Nursing Evaluation Tool:

Abdominal Pain-Male

51410

Facility: Greenville Correctional Center	
Offender Name: <u>DeJamey</u> <u>George</u>	MI
Offender Number: <u>374390</u>	
Date of Report: <u>09</u> / <u>05</u> / <u>2008</u>	Time Seen: <u>1325</u> AM (PM) Circle One

Complaint: Chief Complaint: Abd. painOnset: approx 1100-1115 todayHistory: H/o ulcerative colitis, Small Bowel obstruction  
8/18/08, 12/20/07, et April 2007Pain Description: ☒ Sharp ☐ Dull ☐ Crampy ☐ Burning☐ Intermittent ☒ Constant ☐ Radiation to:☒ Other: Described as "hurting"

Location:

☐ Check Here if additional notes on back☒ RUQ ☐ LUQ☒ RLQ ☐ LLQ☐ Epigastric ☐ DiffuseLast BM: Early am ☐ Normal ☒ Constipation ☐ Diarrhea x stools Color change: ☒ No ☐ Yes:Associated symptoms: Nausea ☐ No ☒ Yes Vomiting ☐ No ☒ Yes (x 2) Painful urination ☒ No ☐ YesBack pain ☒ No ☐ Yes Other:Observation: Vital Signs: (If Indicated) T: 96.7 P: 72 RR: 18 B/P: 129 / 87General appearance: ☐ No acute distress ☐ Acute distress ☒ Unable to stand erect ☐ Knees drawn upSkin: ☒ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☒ Normal ☐ Pallor ☐ Flushed ☐ JaundiceMucous Membranes: ☒ Moist ☐ Dry

## ABDOMINAL EXAM

Bowel sounds: ☐ Present ☒ Decreased ☐ AbsentAbdomen: ☐ Soft ☐ Guarding ☒ Distended ☐ Non-Tender ☒ Tender RUQ

Location

Pain induced/increased with: Walking ☐ No ☒ YesPain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes☒ Additional Examination: Tolerated lunch tray's vomiting.☐ Check Here if continued on back

## Assessment: (Referral Status)

☐ Referral Not Required☒ Referral Required due to the following: (Check all that apply)☐ Abnormal Vital Signs☐ Distended/rigid abdomen☐ Persistent Nausea and/or vomiting☐ Bloody or "Tarry" stools☐ Pallor, moist clammy skin☐ Recurrent Complaint (More than 2 visits for the same complaint)☒ Other: ↓ Bowel sounds all quads

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Check All That Apply:

☐ Instructions to return if condition worsens or does not improve☐ Education on bowel elimination☐ Education on Lifestyle Modifications to prevent reflux☐ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ OTC Meds given:

MD: \_\_\_\_\_

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): \_\_\_\_\_Referral Type: ☒ Urgent ☐ Emergent (if emergent who was contacted?): Dr. GoreTime 1345x C. Simola CS  
Nurses Signature Name: \_\_\_\_\_ Printed

Effective Date: June 1, 2007  
**Operating Procedure #720.1 Attachment #1**

Offender Name: Delaney George Number: 374390  
Last First

Number: 374390

[illegible]


 VIRGINIA DEPARTMENT OF CORRECTIONS  
 Intrasystem Transfer Medical

 JNS  
 rev, DOC 726-B

 Effective Date: January 1, 2008  
 Rating Procedure #720.2 Attachment #4

Offender Name <b>Delaney, George</b>	Offender Number <b>374390</b>	Date <b>10-8-08</b>
Received At <b>PCC</b>	Received From <b>PMU</b>	Allergies <b>phenazone</b>
Medical Code <b>A-12</b>	Location Code <b>B-1</b>	Mental Health Code <b>Ø</b>
Last PPD (Date and Results) <b>post (+)</b>	Date of last Tetanus Diphtheria <b>8-22-07</b>	DNA Drawn No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> Date: <b>8-29-07</b>

Vital Signs		Special Diet	
Temperature: <b>97.8</b>	Pulse: <b>56</b>	Respiration: <b>18</b>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Weight: <b>159</b>	Blood pressure: <b>100/60</b>	Type: <b>Low residue</b>	Date: <b>10-08-08</b>

Current Medications			
Drug	Amount Sent	Drug	Amount Sent
1. <b>Colace</b>	<b>Ø</b>	5.	
2. <b>Motrin</b>	<b>Ø</b>	6.	
3. <b>Vicodin</b>	<b>Ø</b>	7.	
4. <b>Metamucil</b>	<b>Ø</b>	8.	

Current Medical/Dental Problems:	
<b>Small bowel obstruction adhesions</b>	
Mental Health Problems:	Mental Health Screening:
1. Any current M. H. Complaints? <b>Denies</b>	1. Present Suicidal Ideations? <b>Denies</b>
2. Any history of Substance Abuse? <b>Denies</b>	2. Observed Symptoms of Psychosis <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/>
3. Any history of Treatment? <b>Denies</b>	Aggression <input type="checkbox"/> <b>Denies</b>
	3. History of Suicidal Behavior? <b>Denies</b>
	4. History of Inpatient/outpatient treatment? <b>Denies</b>
	5. Current Mental Health Treatment? <b>Denies</b>
Pending Appointments:	
<b>None</b>	
Overall Comments: (i.e. - general appearances & behavior, physical deformities, abuse, trauma, etc.)	
<b>(General) appearance NAL</b>	
Medical Disposition of Offender:	
General Population: <input checked="" type="checkbox"/> Special Housing Unit: <input type="checkbox"/> GP with MH Referral: <input type="checkbox"/>	
Emergency referral for MH Care: _____ Date: _____ Time: _____	
(Name of QMHP notified)	
Referral for Emergency Treatment: _____	
Nurse Signature/Date:	Medical Handout Orientation Issued: _____
<b>D. H. [Signature] 10-08-08</b>	Dental Hygiene Handout Issued: _____



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name: Delaney George Number: 374390  
Last First

Date/Time

Complaint and Treatment

Signature and Title

10/14/08  
(4:45)

(Continued)

2) Please provide  
Adult Diapers 10/day  
POB ~~100~~ 90 days

3) Please provide  
single cell

4) Please provide  
Selenium Sulfide Shampoo 25%  
to be used once a week  
a Sulp. X 180 days

5) Milt (Cm12)

6) Henscott Sticks x3

~~Memo~~ MW 10-14-08 2:30 PM

MD order

Schedule pt for flu in 6-8 weeks  
EMDSC

L. Kump

an MW 10-17-08 1823

for flu  
after 5 at  
MD 00096





VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

Delaney  
Last

George  
First

Number: 374 390

Date/Time	Complaint and Treatment	Signature and Title
10-14-08 2:40 PM	S. 22 - 48 y.o. ADM S/P 1.50 of cellulitis 9/24/08. A - 1/0 1 year of 10-15 episodes of loose stools. A/P Occasional blood in stool. A (P) fecal incontinence when He G also C/D after rush on self	Medications Review A) Colace 100mg pro BID B) metaxal (proctid BD) Atadrol 800mg pro BID
11/0/10 73 18 975 WT: 160 98%	A. 1/15 - 2 cellulitis partly for SBD MCUG 22/08 - 9/24/08 MCUG 9/5/08 to 9/19/08 MCUG 8/18/08 - SBD to 8/19/08	D) <del>Atadrol</del> Vicalin d metaxal
Collecting 1447 illegible pouch 1448	A. 1/15 Hx of Ulcerative Colitis 2/ S/P 1.50 of cellulitis for SBD P. 2) 3) Fecal Incontinence When to PHS for P/U to GI for Ulcerative Colitis Cataract	Adapted - Single 100mg TRP When to GI DTP Stool to Hx





VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER


Offender Name: Delaney George  
Last First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
11-5-08 2:33pm	C - I/m to medical re complaints of Swelling in rectum I/m states "alt started 4 days ago" I/m states "hydrocortisone suppositories they gave me at approx week" O - 100/70 - 60 - 18 - 97 pulse 98% I/m having difficulty while sitting is in pain rates pain a 10 out of 10 I - ask MD to order suppositories for I/m to insert rectally, PRN	D. Quisenberry
4/5/08 2:30	Amesol HC supps - 25 mg Insert 9 12" prn X 60 days noted 11/6/08 2040 J. K. K... J. K. K...	
11-13-08 6:53pm	I/m no-show NSC	D. Quisenberry
11/19/08 11:45	Med Renewal: ① Calce 100mg po 2 caps daily ② Motrin 200mg po 4 tabs TID PRN ③ Tylenol 500mg po BID ④ Enema po tid ⑤ Metformin po pack BID R. Saavedra FNP ① it renewing Vitadin need to o/c Tylenol et. consider acetaminophen toxicity	X 180 d X 180 d X 60 d X 180 d X 60 d X 180 d X 180 d L. Perry RN
11/19/08 H. Henderson	noted on 11/20/08 11:20/08 USA	R. Saavedra FNP

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

**Offender Name:**

  
 Last First

Number: 374390

[ 00099 ]



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: POWHATAN CORRECTIONAL CENTER

Offender Name:

Delaney  
Last

George  
First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
	<p>A) 1) S/P colectomy / obstruction</p> <p>2) No NC</p> <p>3) Constipation - on Colace 200mg qd + Methar.</p> <p>4) Surgical staple SQ - will observe.</p>	
	<p>P) 1) Dulcolax i SAB PO qd x 10 d.</p> <p>2) Kitchen physical: failed 2° to colectomy / handling feces 7 day - slip</p> <p>3) Schedule with a dietician to review diet.</p>	
		<p><i>[Signature]</i> 12-4-08 1908</p>
12/16/08 6:18 pm	NO - Show NSC	D.C. Delaney